

# HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	3037.1004
	First Named Inventor or Application Identifier	Stacey J. Bell
	Express Mail Label No.	EL552572197US

Title of Invention	NUTRITIONAL SUPPLEMENT TO ALLEVIATE SYMPTOMS ASSOCIATED WITH REDUCED LEVELS OF SEROTONIN
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<p style="text-align: center;"><b>APPLICATION ELEMENTS</b></p> <p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages 21]</span> <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Summary of the Invention</li> <li>- Brief Description of the Drawings</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets [ ]]</span>  <input type="checkbox"/> Formal <input type="checkbox"/> Informal  <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/></p> <p>4. <input type="checkbox"/> Oath or Declaration/POA <span style="float: right;">[Total Pages [ ]]</span></p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>  <b>[NOTE Box 5 below]</b></p> <p style="padding-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  Signed statement attached deleting  inventor(s) named in the prior  application, see 37 C.F.R. 1.63(d)(2)  and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i>  The entire disclosure of the prior application, from which a  copy of the oath or declaration is supplied under Box 4b, is  considered as being part of the disclosure of the accompanying  application and is hereby incorporated by reference therein.</p>	<p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  (if applicable, all necessary)</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)  <span style="float: right;">[ ] Pages</span></p> <p style="padding-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents)  <input checked="" type="checkbox"/> Assignee - Functional Foods, Inc.  Belmont, MA 02178</p> <p>9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney  <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,  status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></p> <p>17. <input type="checkbox"/> Other: _____</p>
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18. **If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: 09/783,709

Prior application information: Examiner: Group Art Unit:

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